

November 13, 2012

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EVP & CMO, Quality and Medical Affairs
Alberta Health Services
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Dear Dr. Yiu,

We represent the Emergency Physicians of the University of Alberta Hospital (UAH), and we are writing to request that AHS reconsiders the recent decision to terminate the Triage Liaison Physician (TLP) role at the UAH in June 2013. As you are aware, the TLP at the UAH is an important and evidence-based intervention that was scientifically supported by research at this site, and has been adopted by others locally, nationally and internationally. Our TLP performs a number of essential functions within our department which improve and facilitate patient care, provide essential consultative services to physicians inside and outside our institution, and support emergency department (ED) efficiency. We believe that maintaining a TLP in our department is critical to providing ongoing high quality and timely emergency care to patients at our tertiary care hospital.

Apart from the robust research evidence that we have provided to AHS administration already, from October 5th to 25th of 2012, the UAH Emergency Physicians collected data on the work performed by the TLP during each shift. Specifically, the TLP duties fell into five main categories: 1) liaising with staff within the ED; 2) receiving consultant and referral telephone calls; 3) performing sedations and other procedures; 4) providing immediate assistance with resuscitation of complex patients; and 5) expediting the care and disposition of ED patients. We'd like to share some of the important results from this study.

Within the UAH ED, the TLP acts as a physician resource who is readily available to consult with the charge nurse, triage nurses, other ED nurses and physicians, as well as security, police, and EMS personnel. TLP ED liaison duties include reviewing urgent ECGs and labwork at triage and assisting triage nurses in assigning complex patients to appropriate care spaces, providing consultation to EMS personnel looking after their patients on stretchers in the waiting room, coordinating department resources in consultation with the charge nurse, and regularly communicating with other services and physicians in the ED about a variety of administrative and patient care issues. Not infrequently, the TLP helps to identify patients in the waiting room with subtle presentations of serious illness and expedites their evaluation and management. Having a dedicated TLP in a coordination and administrative role is important for ED staff satisfaction, optimization of patient care, as well as ED safety and efficiency.

In addition to providing liaison within the ED, the TLP is responsible for taking all physician calls to our department between the hours of 08:00 and 24:00. These include advice-only, transfer-only, and calls requiring medical advice and facilitation of transfer from peripheral hospitals and doctor's offices, calls from consultants within the hospital,

decreased by 36 minutes per patient on days when a TLP was present compared to days when there was no TLP and that patients leaving without complete assessment decreased from 6.6% to 5.4% (a 20% relative decrease). A systematic review published in 2011² also showed statistically significant decreases in ED LOS as well as time to physician initial assessment with the institution of a TLP. Of note, the TLP is one of the few interventions designed to improve throughput and mitigate overcrowding which is supported by randomized controlled trials evidence.

In summary, the TLP role is essential to the UAH ED in providing liaison services within the department, receiving consultant and referral telephone calls from within and outside the hospital in an efficient and timely manner, assisting other physicians with procedures in the ED, providing immediate assistance with resuscitation of complex patients, and expediting quality care and timely disposition of ED patients. In performing these functions, the TLP improves the quality of care delivered to individual patients as well as the overall efficiency of our ED. This, in turn, improves access to bed spaces and results in us making this quality care available to a greater number of patients.

In the past two years, we appreciate the financial, human resource and administrative investments made by AHS to improve ED and hospital patient flow. Data from the two studies quoted above suggest that the TLP position has played an important role in this transformation. We believe that it is in the best interest of patients, physicians, nurses and other hospital staff, and AHS to reinstate funding and support for the TLP position at the UAH ED before the termination of the current contract in June 2013.

We thank you in advance for giving this request your strongest possible consideration. Moreover, in order to prepare our recruitment strategy for 2013-2014, we would appreciate a decision at your earliest possible convenience.

Yours sincerely,

The Emergency Physicians of the University of Alberta Hospital

CC: Dr. Bill Johnson
Dr. Dylan Taylor
Dr. Tom Noseworthy
Mr. Michael Conroy
Ms. Carol Manson-McLeod
Ms. Karen Latoszek

¹ Holroyd, B. et al. "Impact of a Triage Liaison Physician on Emergency Department Overcrowding and Throughput: A Randomized Controlled Trial." *Academic Emergency Medicine* 2007; 14: 702-708.

² Rowe, B. et al. "The Role of Triage Liaison Physicians on Mitigating Overcrowding in Emergency Departments: A Systematic Review." *Academic Emergency Medicine* 2011; 18: 111-120.